

Department of Mental Health and Addiction Services
Sober House Census Report

Contractor Name:	
Contractor Service Address:	
Contractor Phone Number	
Date of Submission:	
Submitted By:	
Total # of Beds Occupied:	

Sober House Residents Subsidized by DMHAS:

Last Name	First Name	Gender (M/F)	Unit #	Admit Date	D/C Date	DMHAS Program (ATR/RSP)

Please fax this report to Advanced Behavioral Health at:
1-866-249-8766